

5 1909

VOL. II

NO. 1

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

JANUARY, 1909

O. C. WELBOURN, A. M., M. D., Editor

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VOL. II.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating

The Los Angeles Journal of Eclectic
Medicine

AND

The California Medical Journal

(Published by the California Eclectic Medical College)

1909

O. C. WELBOURN, A. M., M. D., Editor

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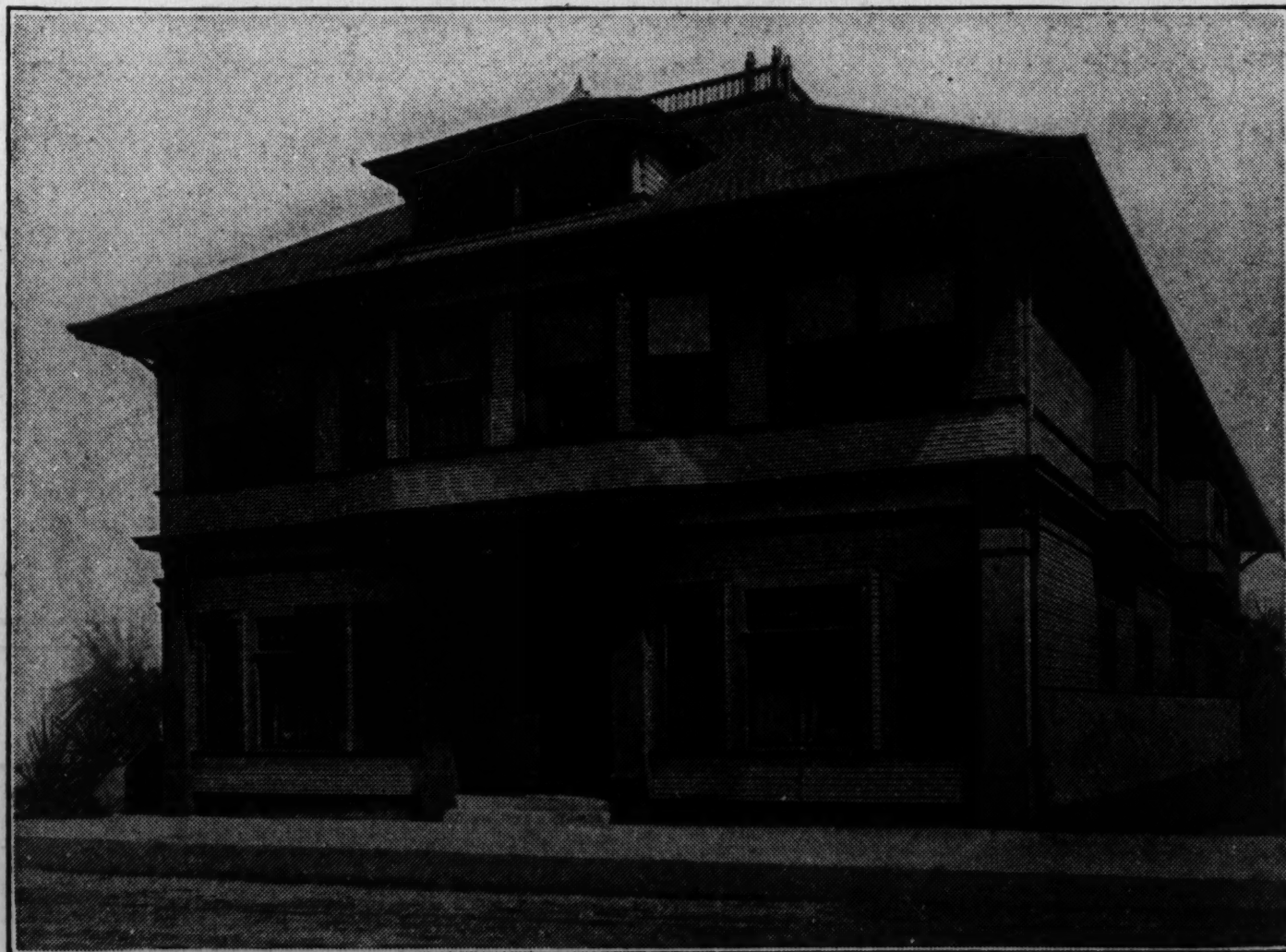
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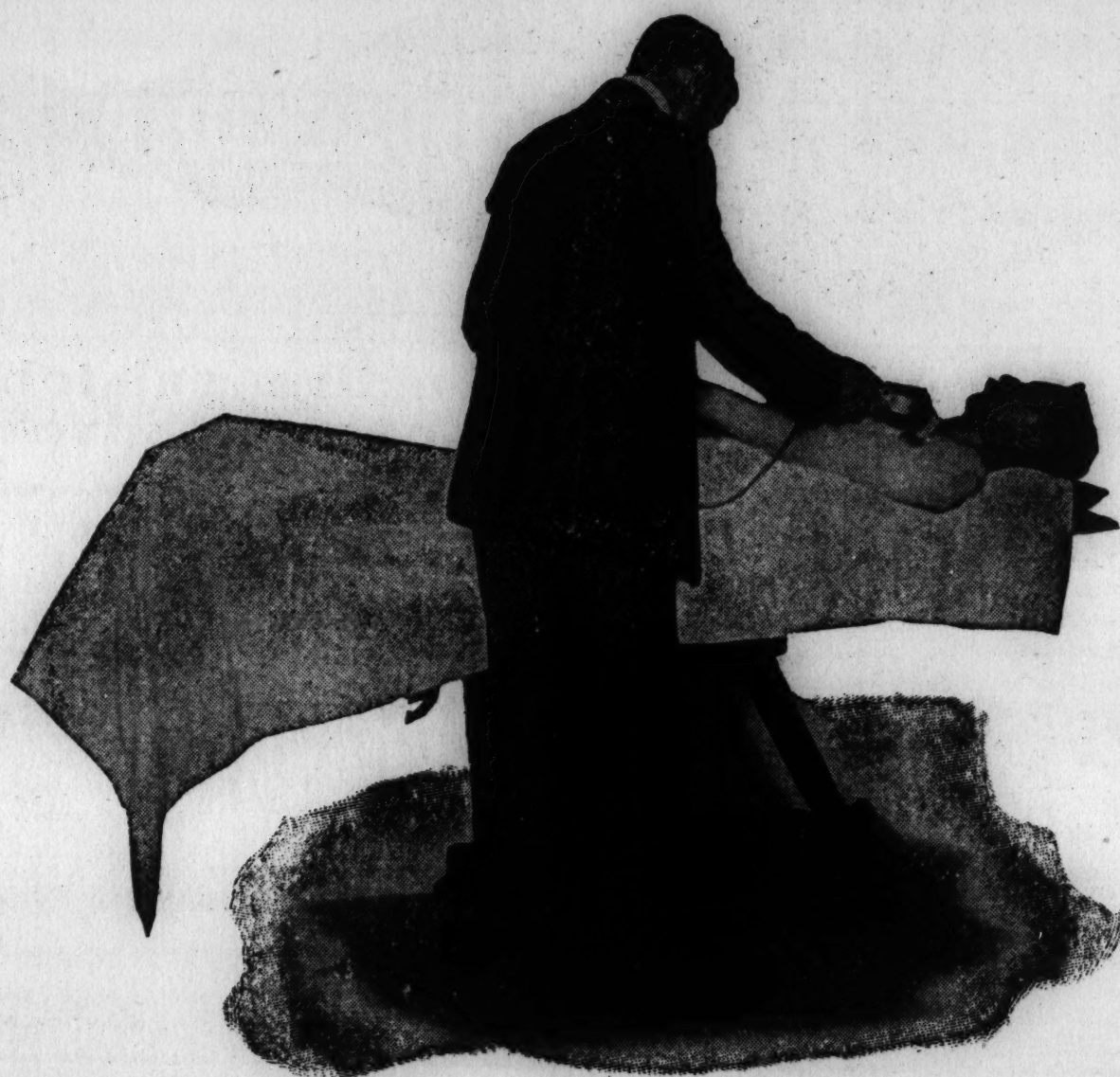


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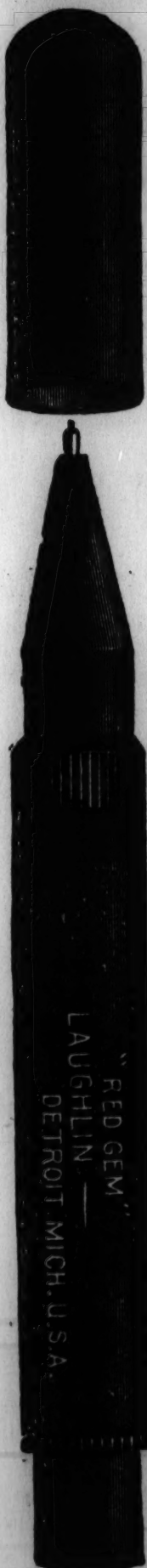
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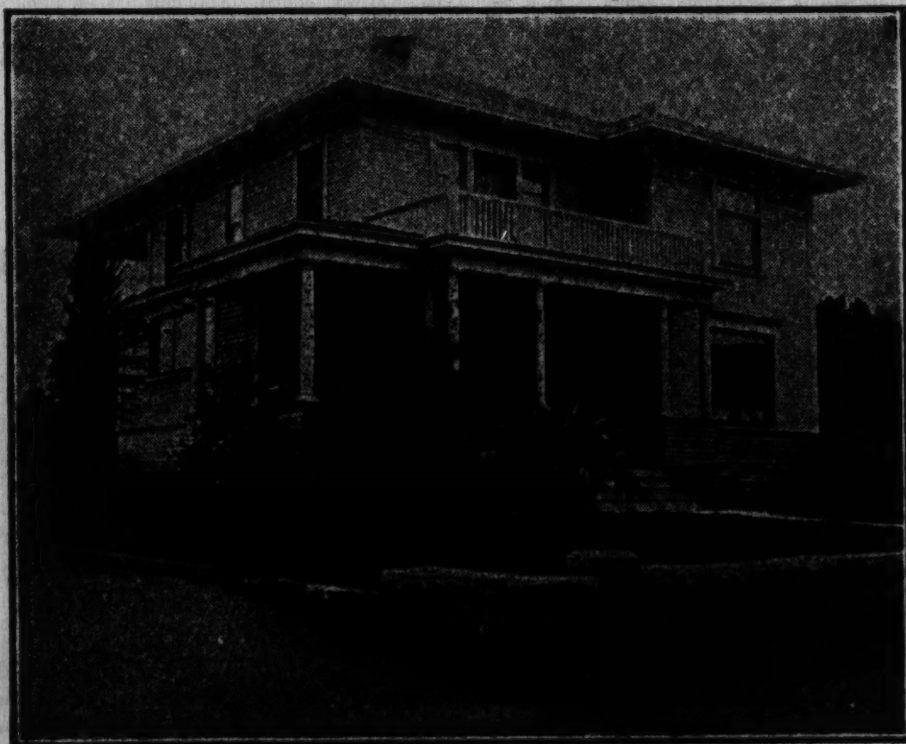
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The California Eclectic Medical Journal

Vol. II

JANUARY, 1909

No. 1

Original Contributions

MEDICAL RESOURCES OF SOUTHERN CALIFORNIA.

DR. OVID S. LAWS, Los Angeles.

I wish to arouse some enthusiasm among the lovers of Natural Science, concerning our medical flora. There is so much that I desire to learn, I am hoping to find like-minded friends with whom an interchange of thought may be mutually helpful. I would be glad if we could have our valuable plants tinctured here on a large scale instead of sending them east and back again. The much-used *grindelia* is a California plant, and *cactus grandiflora* grows to perfection here, and of this I prepare my own tincture from the flowers. I think every doctor should be familiar with the remedies he prescribes, from the ground up to the refined product.

It is a grand thing to get out among the trees and plants and know them by name, and know what they are good for. It is a much better way of "getting back to nature" than going barefoot and hatless about the streets as some men are doing. Botanical excursions should be frequent among us, to the foothills and mountains. Every doctor that has a few feet of ground in his yard should have some pet plants to care for and work up into tinctures as he needs them. This can be easily done down here in our climate where so little frost prevails. I wish to make a pretty thorough review of all trees and plants growing here that are known to have therapeutic value. First, those native to the land, and then those brought in from other lands.

Science tells us that all manner of trees and plants were here on earth before man arrived. But they were put here for his use, and doubtless every one has some valuable property. With veneration and awe we should approach the study of nature's garden, planted by the Creator, and distributed to every land on earth. The mountains and foothills in many places are covered with a dense growth of shrubs, but few of which we can name. But some have been named and medicinal properties credited to them. I have become acquainted with some.

Manzanita is a fine shrub with very heavy fine wood much-used for cane. The leaves are pleasantly astringent, and an infusion is a good remedy for the hemorrhage of typhoid fever,

to my knowledge. In the same locality you will find at least two species of fragrant sumach. Whether they are identical with the *Rhus Aromatica* of the east, I know not, but they are fragrant and intensely astringent, meaning the leaves which are evergreen like all mountain growths, in this region. A strong infusion of the leaves works wonders as a gargle in inflamed throats, or as a douche in vaginitis. A tincture cured one of the worst cases of enuresis I have ever seen. The mountain laurel is another shrub growing freely among those named and many others not yet named. It is said to be poison. That means that it is a narcotic, and probably valuable as a medicine. Will some one please tell us? Along the canyons we have the grand old sycamore. And a strong infusion of the bark furnishes a pleasant diuretic, in two to four ounce doses two or three times a day. There is a parasite growing on some sycamore trees in Escondido valley, the value of which I will try to relate in my next paper, if health permits to continue these chats.

STATE MEDICAL BOARD.

L. T. KEEGAN, M. D., San Diego, California.

The charges recently made against the State Medical Board should not be allowed to drop.

Each school should have a copy of each separate charge and a complete transcript of the testimony given in the investigation held in Los Angeles recently.

Let friendship be cast aside, but remember the duty and obligation due both the school as well as the state.

I predicted these charges long before they came out in the papers. There is a physician here in San Diego who will bear me out. All the different states are watching the so-called investigation. The easiest way to stop this talk is for the Governor to ask for their resignations for the good of the state and the profession. They should not be allowed to give another examination as the ones that made the complaint will be allowed to pass provided he knows too much to stay around and make trouble.

We will not say anything harsher than has been said, but we have a board that is too dormant for California. You never hear very much about their stopping illegal men from practicing, except where they are compelled to. We have quite a few in San Diego. One was called to the attention of the President, but nothing has been done to remedy the matter yet. We have a man formerly a "barber" that has been practicing for three years. Yet it is known to different members of the board with no action taken.

New York has one good thing about their board, you must have a license or else you will be prosecuted. This I know by personal experience as I was attending a Post-graduate course there and was sent out on a case that gave me all the trouble I wanted. It was a child at that.

But New Yorkers coming out to California to practice can't expect to pass this board like they passed in New York. In New York I was informed that you passed your examination on the installment. The first two years in College you passed one-half, and on graduating the other half.

Of course no one fails.

APPENDICITIS—MEDICAL TREATMENT.

J. V. STEELE, M.D., Waitsburg, Washington.

Read before the Eclectic Medical Society of the State of Washington.

Omitting the history, etiology, pathology, symptomatology and diagnosis of Appendicitis, also the surgical treatment, will give what I have found to be the most rational as well as the most successful non-surgical treatment of this disease.

I am willing and ready to concede that some cases of appendicitis are surgical from the time we first see them. Such cases, of course, are to be treated surgically.

I believe that many cases of appendicitis that are non-surgical at first become surgical through lack of proper medical treatment and care.

I know some surgeons take the radical view that all cases of appendicitis are surgical from the beginning. My experience and observations do not warrant such a conclusion; and I would like to state here that I believe if the fee for the medical treatment were put on the same basis as the surgical fee, there would be fewer operations for appendicitis and a more determined effort made to effect a cure from medical treatment. Cases of this disease have come under my observation in which any and all treatment, save surgical, was refused by the attending physician and surgeon. These, too, were cases of ordinary severity in which no special necessity seemed to exist for surgical interference. Such practice can not be too strongly condemned.

INTERNAL TREATMENT—ACUTE CASES.

For the fever we prescribe for the specific indications—specific aconite for the rapid, empty pulse, and specific veratrum for the rapid full pulse. Combine with the aconite, spe-

cific gelsemium for the nervous symptoms of flushed face and irritation or excitation. This drug can also be combined with veratrum for the same indications, but this is not so necessary unless the symptoms for gelsemium are very marked, for veratrum alone is an active pacifier.

Specific belladonna is combined with either aconite or veratrum when the patient is unusually drowsy with face pallid.

For severe pain I have found no other remedy to equal in anodyne power the H. M. C. tablet given subcutaneously. If the pain is not severe and there is marked soreness in any part of lower abdomen, I like full doses of Dioscorea one-half dram repeated as necessary. Echinacea (specific medicine) in half dram doses every three hours, I give as a routine treatment in all cases for its antiseptic effect. I think it prevents the formation of appendicular abscess.

Mild cathartics are necessary if bowels are at all obstinate.

LOCAL TREATMENT—EXTERNAL.

One of the most important parts of the external local treatment is the continued application of heat over McBurney's point. Moist heat is preferred to dry, and one of the most efficient means of applying it, is by use of the hot corn meal poultice. This poultice seems to hold the heat longer than most any other. The meal should be put in a thin sack of convenient size. After boiling for some time cool it until as hot as can be applied to the skin. There should be two of these poultices made that the heat may be applied continuously.

It is not the ordinary poultice effect desired in these cases, but the moist heat effect. Therefore I would emphasize it, "use them hot."

LOCAL TREATMENT—INTERNAL.

Local treatment can be applied internally as well as externally for no doubt the cause of appendicitis is a local one.

Insert a long colon tube into the ascending colon, with patient on the back. Through this inject all that can be retained conveniently of a mixture of two quarts of asepsin soad-suds with two drams of turpentine. Instruct patient to retain this as long as can be done conveniently.

CHRONIC CASES.

I find chronic cases of appendicitis do well on a mixture of echinacea (specific medicine) and specific dioscorea, with enough Merrells' Fluid Extract of Cascara to act as a mild laxative.

Chronic cases do better if put on a restricted diet, especially of meat.

TYPHOID-PNEUMONIA.

F. G. DE STONE, M.D., San Francisco, California.

Here is a case of typhoid-pneumonia having many peculiar features and may be of interest to the readers of your Journal.

Mr. K., aged fifty, tall and well built, dark complexion, black hair, nervous temperament. Distributing agent for a beer firm although almost a total abstainer from drink.

His wife being an invalid suffering from dementia of the menopause, at times violent, prevented him from getting his proper rest at night in consequence of which his health became impaired.

A week previous to taking to his bed, he had a severe chill lasting two days and contracted what he thought was a severe cold which he seemed unable to rid himself of. I offered to prescribe for him but he laughingly declined my offer, saying he could not be killed with a club.

In a few days he complained that he could not get warm and that his appetite was entirely gone. Again I offered my services but he declined them. In two days more he telephoned me that he was burning up; I told him to come to my office, and then I found him suffering from double lobar pneumonia, the lower lobe of both lungs being involved and a small area of the upper lobe of the left lung, pulse 150, temperature 104 4-5 tongue red, pointed, dry and white fur down each side. I ordered him home and to bed at once. August 29th.

August 30th, pulse 140, temperature 104 4-5, respirations though somewhat hurried, were not difficult, nor was there any complaint of pain from the lungs during the whole course of his sickness.

August 31st, the pulse had now decreased to 120 through the treatment instituted and by constant effort the temperature could be reduced 102 2-5, i.e., by the use of cold packs, cool injections and aconitine with baptisia. The first day of his sickness I had cleaned his bowels by giving podophyllin and calomel enough, followed by epsom salts $\mathfrak{z}\text{ii}$ in five hours. I then began giving intestinal antiseptics.

The stools were almost a clay color and gave off a frightful odor.

The tongue now became fire red on the tip and deeply fissured, the whole central area covered by a brownish black coating, and the teeth were covered with sordes.

September 1st the characteristic petechial eruption appeared on the chest and trunk and I knew I also had typhoid fever to combat, the diagnosis being further confirmed by Widal reaction.

The fever did not abate night or day despite the strenuous effort made to reduce it. The patient now remained stupid and delirious most of the time, the bowels were tympanitic and kept up a constant gurgling.

September 2nd, the fifth day since going to bed, he began to complain of pain in the bowels and as the day wore on he became worse till at night he was almost frantic with pain. I worked over him all night applying stupes and administering the medicine myself in the hope of discovering the source of the continuous fever. For this reason I did not wish to benumb him with opiates, but I did not solve the problem.

September 3rd the pain abating somewhat, I gave him a two quart enema of olive oil as hot as it could be borne; this put a stop to the pain which did not return until the following night and then it was easily controlled by two or three 1-12 gr. heroin tablets and, strange to say, the olive oil remained in his bowels 24 hours before it came away and when it did come it brought an odor that would drive a dog out of a tan-yard.

The abdomen was now distended as tightly as a drum's head and remained so for over a week but occasioned him no pain.

September 4th, the fever left abruptly and his temperature went down to 96° nor did it ever again reach 100°. He now began to vomit and spit up a greenish-black liquid which left a deposit in the vessel like the washings from a gangrenous sore. With the temperature constantly below normal, and the patient lying with eyes half open, seldom ever rousing from his stupor I concluded that the black matter ejected must be gangrene of the stomach and that the undertakers was the next station, but I resolved to fight until his breath left him and commenced giving

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Tr. phos. gtt XL

Glycerohypophos Lime & Soda q.s. ℥viii

Sig. 3i every 10 minutes.

I continued this Rx night and day for 4 days, during which he took five bottles of ℥viii each.

September 7th, the black matter ceased to be ejected and now the rusty sputum of pneumonia appeared and simultaneously a bright scarlet rash almost like scarlet fever eruption appeared and covered the whole trunk. During all this time he had eaten next to nothing as everything administered was immediately vomited up to the time of the appearance of the black liquid and after that began coming I gave him nothing but the medicine. From the appearance of the rusty sputum, which lasted several

days, the patient became perfectly rational and has made a good recovery and I discharged the case as convalescent, September 20th.

This is a rough description of the case, as I merely gave the salient features, and if any one has had a similar case I would like his opinion of the cause of the black dejecta, in this case. Could it have been possible that gangrene of the stomach had commenced and that the large amount of echafolta arrested its progress?

The only case I have seen reported of persistent low temperature appeared in July "Clinical Medicine." I have seen several cases of cancer of the stomach where greenish black vomit was the feature several days before death.

In conclusion let us sum up the peculiar features and ask the readers of California Eclectic Medical Journal to give their opinion as to what a complete diagnosis should have been.

- (1) Persistent high temperature without remission.
- (2) Abrupt cessation of fever and subnormal temperature without complaint of feeling cold, this condition lasting over a week.
- (3) Black vomit and sputum lasting four days.
- (4) Rash covering trunk and similar to scarlet fever eruption.
- (5) Absence of pain either from pneumonia or typhoid, save the one night mentioned.
- (6) Absence of albumen in the urine though repeated tests were made and absence of Diazo reaction.
- (7) No difficulty in respiring.

A diffuse blotchy condition of the skin should not be diagnosed as measles until a careful physical examination has been made. The condition may be the expression of a streptococcemia, as from an osteomyelitic focus.—*American Journal of Surgery.*

When an operation is performed for removal of a tumor at the base of the brain, one should be careful to retract upward (pressing on the hemispheres) instead of pressing downward (on the medulla), which may paralyze the vital centers.—*American Journal of Surgery.*

The application of elastic bandages to the limbs to cut off their blood supply, will increase the amount of blood going to the vital centers, and, therefore, is very beneficial to patients who have to be operated upon in a condition of shock.—*American Journal of Surgery.*

BOARD OF MEDICAL EXAMINERS OF THE STATE OF
CALIFORNIA.

DECEMBER 1-3, 1908.

GENERAL DIAGNOSIS.

1. Differentiate Hodgkins Disease and Tuberculous Adenitis.
2. Differentiate Embolism and Thrombosis.
3. Give the cause of Malaria, the varieties of Organisms found in each form and state how the disease is most likely conveyed.
4. What casts are frequently found in Albuminous Urine, and what do they denote?
5. Define the terms, Thrombus, Phlebitis and Varix and give the causes of each.
6. Describe the several varieties of Club-foot.
7. Describe the varieties of Hydrocele.
8. Describe Acute Miliary Tuberculosis.
9. Give the physical and rational signs of Pericarditis before and after effusion.
10. Give the period of Incubation and Eruption of the Exanthema.

OBSTETRICS.

1. Describe and give pathology of some of the principal causes of sterility in the female.
2. Give some of the causes of sudden death which sometimes occurs during gestation.
3. Describe in full the effect which gonorrhea in the female may have on pregnancy, the puerperal state and on the child.
4. Give a full description of the human foetus of sixteen weeks.
5. Give the clinical symptoms that would lead you to fear impending rupture of the cervix during the first stage of labor; the causes that give rise to this condition and the best way to prevent its occurrence.
6. State in full your directions to the nurse for the care of the new born child for the first forty-eight hours.
7. Give clinical symptoms which would lead you to fear placenta previa and how would you manage such a case?
8. Give relative frequency, causes and management of persistent occipito—posterior position.
9. Describe the Walcher posture; when is it best to use it; and what diameters of the pelvis does it change and how much?



10. Describe fully what changes take place in the uterus during the two weeks immediately following childbirth and what precaution should be taken to prevent interference with this process.

QUESTIONS IN PATHOLOGY.

1. Name and describe the common varieties of cestoda (tape worm) that may infect man.
2. What are the causes of renal calculus, and what pathologic results may accrue from nephrolithiasis?
3. What is the macroscopic appearance of the placenta in hereditary syphilis?
4. Give the typical minute pathology of epitheliomata.
5. What is the most frequent lesion productive of heart block, or the Stokes-Adams Syndrome?
6. Of what significance are the ethereal sulphates or indoxyl in the urine?
7. Give the gross and microscopic details of the lung in broncho-pneumonia.
8. Discuss the theories of the cause of poliomyelitis, and state what are the essential lesions in the cerebrospinal axis.
9. What are the characteristic features of the blood in myelogenous leukemia? Give the gross post mortem findings.
10. Identify two microscopic specimens.

HISTOLOGY.

1. Name the derivatives of the Primary Blastodermic Layers.
2. Draw a diagram of a cross section of the wall of the aorta, showing the histological structure.
3. Describe the histological structure of the tongue.
4. Describe the process of indirect cell division or Karyokinesis.
5. Describe the histological structure of the cornea.
6. Draw a diagram of a cross section of the wall of the oesophagus, showing histological structure.
7. Describe the histological structure of the Parotid glands.
8. Identify two specimens.
9. Identify two specimens.
10. Identify two specimens.

CHEMISTRY AND TOXICOLOGY.

1. (a) Define sublimation. (b) What are the general properties of the hydrocarbons?

2. (a) Give classification of proteids. (b) What general reactions have they? (c) Describe two color reactions for same.
3. (a) Describe analysis of water suspected of containing organic matter. (b) Test for lead in drinking water.
4. (a) Describe cholesterin crystals, solubility, insolubility. (b) To a few crystals on a slide under the microscope add a drop of concentrated sulphuric acid. Describe the effect. (c) Dissolve a few crystals in a little chloroform then add an equal volume of sulphuric acid and shake. Describe the effect. (d) How would you extract from urine? How separate from fat?
5. (a) Make a table of the average composition of urine (normal constituents). (b) Name ten pathological constituents (abnormal conditions).
6. (a) Describe acid phosphate of calcium. (b) How distinguished from uric acid. (c) What is its pathological significance when found in the urine?
7. (a) What is the most constant constituent of urinary deposits? (b) Constantly recurring indicates disease of what organs?
8. Define and give three examples of each: Corrosive poisons; Irritant poisons; Neurotic poisons.
9. Describe a case of oxalic poisoning and outline treatment.
10. (a) Describe the three stages of trichinosis. (b) Give treatment for iodine poisoning.

BACTERIOLOGY.

1. Describe in detail the method of making a bacteriological examination of water. (b) State how you would estimate the number of bacteria per cubic centimeter.
2. What are Ptomaines? (b) Name four and state from what substances derived.
3. Define: Antitoxin; Toxin; Bacterin; Gymno-bacteria; Spore.
4. State the composition of Löffler's blood serum medium. (b) Describe the manufacture of Glycerin Agar.
5. State the most frequent causal organisms in Appendicitis, Malignant pustule, Ulcerative endocarditis, Conjunctivitis.
6. Give name and morphology of organisms producing Tetanus, Cerebro-Spinal Meningitis, Pyelitis.
7. Differentiate between: Pyogenic and Toxicogenic; Parasite and Saprophyte; Chromogenic and Photogenic. (b) Give one example of each.

8. State briefly the steps you would take to examine sputum, spinal fluid, pus.
9. Examination of two slides.
10. Examination of two slides.

GYNAECOLOGY.

1. Name the different varieties of Genital Fistulae in the female, and give their cause.
2. Diagnose between a small fibroid in the anterior uterine wall, an inflammatory exudate and an ante flexion of the uterus.
3. Give five reasons for Amenorrhoea in addition to removal of the organs.
4. What is meant by Primary, Intermediate and Secondary repair of the perineum and the reasons for the selection of each?
5. Name the vessels to be ligated in the operation of panhysterectomy and give their origin.
6. Differentiate between a small ovarian cyst and extra uterine pregnancy, and between large ovarian cyst and ascites.
7. Under what conditions would the operation of Colpoceleisis become necessary or advisable?
8. Differentiate between pelvic peritonitis and pelvic cellulitis.
9. Differentiate between an intra uterine or submucous fibroid, a partial inversion of the fundus of the uterus and a bicornate uterus.
10. Give three reasons you know for a panhysterectomy.

ANATOMY.

1. Describe the venous circulation of the rectum.
2. Give point of abdominal entrance (vertebral), course and point of division of the abdominal aorta. (Use diagram.)
3. Describe the articulation of a typical rib (7th) with the spinal column.
4. Describe the plan of distribution of a typical dorsal spinal nerve. (7th).
5. What are the bony landmarks of the hip and what lines determine the normal relations of the joint?
6. What nerves control the following muscle groups: (a) flexion of the knee, (b) extension of the knee, (c) adduction of the thigh, (d) extension of the hip, (e) flexion of the hip?
7. What viscera are behind the linea alba?
8. Give relation of the aortic arch to the anterior chest wall. (Use diagram).

9. Give topography of the spleen. (Use diagram).
10. Give topography of the kidneys. (Use diagram).

PHYSIOLOGY.

1. Give examples of the reversible action of enzymes.
2. Detail the digestion and absorption of fats.
3. (a) What is the fate of nutrient enemata? (b) Write a suitable formula for rectal feeding.
4. Give the distribution and function of the fourth cranial nerve.
5. Locate the lesion in a motor paralysis involving the left side of face and left upper extremity, in which the reflexes are exaggerated but the muscle nutrition and electrical reaction are unimpaired.
6. Where are the following centres: (a) speech, (b) micturition, (c) respiratory, (d) auditory, (e) vision?
7. Discuss the causation of the icterus frequently observed in the new born.
8. Describe the fetal circulation.
9. (a) Distinguish between the corpus luteum of menstruation and the corpus luteum of pregnancy. (b) In what part of the genital tract does fertilization of the ovum usually occur.
10. Define: (a) cytolysis, (b) aphasia, (c) gravid, (d) cloaca, (e) hemianopsia, (f) neurosis, (g) fovea centralis, (h) glycogen, (i) somnambulism, (j) plasmolysis.

HYGIENE.

1. Describe the "septic tank."
2. What is meant by, and give the history of, the term "certified milk?"
3. Give the substitutes frequently used for barley-malt and hops, (in the manufacture of beer).
4. What diseases in cattle, sheep, and hogs are causes for the condemnation of the carcass?
5. Name the most prominent preventable diseases and indicate the mode of prevention.
6. Discuss the relative value of sulphur and formalin in fumigation.
7. Name the diseases which the United States Government quarantines against in American ports.
8. Describe the experiments conducted by the army in Havana which led to the discovery that mosquitoes are the cause of yellow fever.

9. Describe the bile test and the Widal test for typhoid fever.

10. What are the arguments for and against cremation as a method for the disposal of the dead?

Applicants, 64; applicants entitled to credits for years of practice, 17; successful applicants, total, 35; withdrew, 1; unsuccessful, 28; successful of those having credit for years of practice, 8; highest credit, 89.5; lowest credit, 16.9.

ANATOMY FOR BEGINNERS.

Proceeding in a southerly direction from the torso, we have the hips, useful for padding, and the legs. The legs hold up the body, and are sometimes used in walking, but when riding in automobiles they take up valuable space which otherwise might be employed to better advantage.

Attached to the legs are the feet. Some varieties of feet are cold. Some people are born with cold feet, others acquire cold feet, and still others have cold feet thrust upon them.

The surface of the body is covered with cuticle, which either hangs in graceful loops or is stretched tightly from bone to bone.

On the face it is known as the complexion, and is used extensively for commercial purposes by dermatologists, painters, and decorators.

Between the cuticle and the bones are the muscles, which hold the bones together and prevent them from falling out and littering up the sidewalks as we walk along.

Packed neatly and yet compactly inside the body are the heart, the liver, and the lungs; also the gall, which in Americans is abnormally large.

These organs are used occasionally by the people who own them, but their real purpose is to furnish surgeons a living.—*Exchange.*

FIVE CHILDREN AT A BIRTH.

If authentic the case of the birth of quintuplets to a woman in Steubenville, Ohio, is extremely interesting to physicians and certainly remarkable. It is said that three of the babies died soon after birth, but that two will live. There were three boys and two girls, all perfectly formed, and their combined weight was twenty-three pounds. The mother weighed less than one hundred pounds.

We wonder what was the state of mind of the father when he saw this vast increase of his family.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

ON MEDICAL LAW.

In the opinion of the writer the medical law of this state is far from satisfactory. And for this once, at least, we coincide with the great majority. The members of the profession denounce it quite regardless of school or party; and the people do not like it. It has worked a great hardship on many and benefitted none. It has proved a delusion and a snare. A delusion to those who hoped thereby to lessen competition in their neighborhood and a snare to some previously reputable men who became members of the examining board created by it. The profession want no more of it. They are vigorously demanding a new law. We assume therefore, that there will be a new law enacted during the present session of the legislature. It behooves us to see to it that this law shall be fairer to Eclectics than is the present law; also that it shall be so drawn that the interests of the people shall not be disregarded altogether.

Dr. J. A. Munk, as president of the State Society has appointed a Legislative Committee and the names of its members have been published in a previous issue of this Journal, but we desire to again call your attention to them. They are Dr. L. A. Perce, Long Beach, chairman; Dr. J. C. Mitchell, San Francisco; Dr. J. C. Solomon, Los Angeles; Dr. H. C. Hervey, San Jose; Dr. H. Scott Turner, Pomona; and Dr. G. W. Stout, Ukiah.

These are staunch Eclectics and each is well and honorably known by the citizens of his community as well as by the members of the profession. This committee deserves and must have the hearty support of every Eclectic in the State. It is now hard at work devising ways and means so that a consistent and persistent fight may be made.

But it must not be supposed that this committee is going to do all of the work. At the proper time there will be work for all to do, and we sincerely hope that not a single one will be found wanting.

LETTER FROM LONDON.

Doctors' Fees.—The African Sleeping Sickness.—Hot Air Treatment in the London Hospital.

LONDON, September 22, 1908.

The *Daily Telegraph* has lent its columns for the last few weeks to the discussion of the question of medical fees, and a large number of interesting letters have appeared from all classes of persons bearing on the question. The discussion was called forth by the report of an inquest held on the body of a man who cut his throat. The landlord of the house in which the man lived found him bleeding and hurried for a doctor, but was told by the medical man that he would not attend unless his fee of five shillings was first paid.

The landlord refused to be responsible for the payment, and the medical man did not go. The patient was removed by the police to the hospital, where he ultimately died. The coroner, Mr. Schroeder, sensibly observed that "of course" medical men were not bound to attend without payment, and added that he had recently heard of a medical man who had attended twenty-three cases of supposed emergency without at first demanding his fee, with the result that he received payment only in two cases. In the particular case before the coroner the emergency did not appear to have been very great, for the man lived to be taken to a hospital and ultimately died there from delirium tremens. The remarks of the coroner on doctors and their fees brought forth a large number of letters. On the whole, these letters were favorable to medical men and their rights in refusing to attend emergency cases unless their fee was paid were admitted. One of the writers drew a rather curious parallel between a medical man summoned to a case of attempted suicide and a miner summoned to assist at the rescue of comrades from a pit. The writer was unable to perceive that the miner went to the aid of his comrades

because he was liable himself to be in similar straits at any time. On the whole, however, the correspondence bore striking testimony to the general benevolence and charity of the members of our profession.

There is no doubt, however, that our charity and benevolence have been grossly abused by a large section of the public, and this state of affairs has been principally due to the medical men themselves. They have so accustomed the people to regard illness as an emergency in which the sufferers are morally entitled to aid from the first person at hand who is competent to render it that the question of remuneration has been suffered to remain in the background and only regarded as a secondary consideration. It must be admitted that it is an exceedingly difficult task for medical men to conduct their work upon absolutely business lines. There are no doubt circumstances in which the question of remuneration should not be considered, as in serious accidents involving many people and in which the first thing to be thought of would be the rescue of the sufferers or the treatment of the injuries they had sustained. At the same time there is doubtless truth in the observation that medical men as a body are not so businesslike in the keeping of accounts or in the exaction of payments as they might be. The Royal College of Physicians does not allow its members to sue for fees. Such a rule on the part of one of the most important of medical corporations lends countenance to the view that strict medical etiquette is incompatible with the demanding of fees. If such is the attitude of medical men themselves, it is no wonder that the public as a whole is disposed to regard the settlement of medical accounts as a matter which can be postponed to an indefinite period. It is only by the united action of medical men that this state of affairs can be remedied. An interesting example of the power of concerted action on the part of medical men is shown by the following incident which occurred recently. The Education Committee of Newcastle decided to advertise for a junior medical officer at a salary of £200 a year. The *British Medical Journal*, however, refused to insert the advertisement at any price, on the ground that the salary offered was below the recognized rate of pay. The result was highly satisfactory, for not only did the committee readvertise the junior post at £250 a year, but they increased the existing officer's salary from £225 to £250 per annum. This gratifying result proves conclusively that concerted and firm action will suffice in many instances to better the lot of the medical profession.

At the meeting of the British Association the subject of sleeping sickness was dealt with at a joint meeting of the Physiological and Zoological Sections. Mr. R. Newstead opened with a paper on the life history of tse-tse flies. The habitat of these flies was confined to certain definite belts of land, or fly tracts, which were mostly low lying, hot and humid. The flies did not travel very far from their habitat, perhaps about 300 yards, and never more than a mile. Dr. Nerenstein dealt with the action of atoxyl *in vivo* and *in vitro*, and confirmed Koch's and Ehrlich's experiments with regard to the resistance acquired by the trypanosomes to atoxyl. Dr. Moore dealt with the action of various drugs in trypanosomiasis, and stated that at the Liverpool School of Tropical Medicine they had obtained better results with mercury than with atoxyl. They also had obtained encouraging results by combinations of arsenic and antimony.

For some time negotiations have been in progress between the British and German governments as to an agreement to act together in combating sleeping sickness in their African possessions, and both governments have now agreed to the terms of a convention which will come into force on November 1st. The convention, which is for a period of three years, provides that British and German doctors and the officials in charge of the concentration camps shall keep in touch with one another to compare the results of their various researches. Segregation camps will be established on either side of the international boundary, while infected natives will be prevented from passing into uninfected districts, such persons being detained and segregated. The convention also provides for the notification to the officials of both governments of all infected areas and for taking effective measures for dealing with crocodiles or other animals which it may be found are the food of the fly which carries the disease.

The London Hospital is about to have a complete installation of hot air appliances similar to those in use at Carlsbad. This hospital is one of the best equipped in the country, and this installation will add yet another department of special treatment to the institution, which was the pioneer in the Finsen light treatment. The outfit is the gift of the Princess Hatzfeldt, and is being constructed at Wiesbaden. It is hoped that it will be ready for use in the London Hospital by October. Dr. Tyenauer, of Carlsbad, is the inventor of the apparatus, and he has promised to superintend its erection at the London Hospital. This treatment has been found very beneficial in painful rheumatic and gouty conditions, and particularly in old standing cases of rheumatoid arthritis and joint rheumatism.—(*New York Medical Journal*.)

A FEW REMARKS ABOUT JOURNALISTS.

"For some weeks measures have been taken by the physicians of Charenton (France) to increase their rather modest pay," writes A. Demmler, in *Le Progres Medical*. On account of this effort, which was modesty itself, for the increase suggested was slight, a veritable war against the physicians has been opened up by the daily press; the *Petite Republique*, in particular, going so far, in its issue of October 16th, as to accuse all physicians of disowning the grandeurs of the Samaritan. It would be well here to relate an anecdote that might interest our friends, the journalists. It is said that on a certain occasion Velpeau was called upon to spend all night with a patient. Upon demanding a modest remuneration the patient indulged in considerable criticism, not to say abuse. Velpeau, containing himself, replied: "For the amount I am charging, would you do as much for me as I have done for you?"

To the writer of the article in the *Petite Republique*, who accuses us of forgetting the duties of the Samaritan and indulging in exaggerated pretensions, we would put the question: Would you, writer of wise words, fill the role of the Samaritan, that is to be in the streets at all hours; climb, no matter what your age, innumerable steps to reach apartments on the top floor, only to be greeted with disagreeable words, frowns and general surliness; have your sleep and meals interrupted; your family life, your holidays, upset by nervous patients, who though tearfully pleading for help are really rank egoists; in a word, be to the end of your days this wonderful Samaritan, without the privilege of sleeping when sleep is absolutely necessary, with no rights, no advantages, sometimes no remuneration, and even niggardly denied the glory that should come from attending many cases gratuitously?

You would hesitate about filling this arduous part, of that we are certain.

Instead of accusing physicians of cupidity it would be well, for the writers of the press, to come into closer contact with them so that a knowledge of their mentality could be acquired. With a better understanding of the mental status, we feel that our critics would be convinced that the best course for them to pursue is to allow the physicians to judge for themselves as to the propriety of their actions. Surely, disinterestedness, devotion and self-sacrifice—characteristics of the daily life of the busy practitioner—need no lessons from without. And further, charities of the silent sort are not less altruistic than their congeners with

flamboyant signs. Therefore, to remind the past-masters of the silent charities, the physicians, of their duties is supererogation, for have they not always been in the vanguard of the fighters for the alleviation of human misery?—Translated for the *Interstate Medical Journal*.

A RECOGNITION OF SERVICES RENDERED BY HOSPITALS.

That hospitals should be compensated for services rendered to those who though belonging to the humbler classes, nevertheless receive such treatment that without it death would probably supervene, is an illuminating idea that has come to us by way of London. In a recent action tried in the King's Bench Division by Mr. Justice Darling the jury awarded to the plaintiff, a boy who had been seriously injured through being knocked down by an omnibus, £750 damages, and at the judge's suggestion the jury also decided to turn a certain part of the damages over to the hospital in which the boy had received the surgical intervention which saved his life. To quote Mr. Justice Darling: "In a case like this, where a person receives the benefit of a charitable institution and such benefits as have been conferred on this boy; where it is perfectly obvious that the boy would have died but for the accurate diagnosis of the clever house surgeon, the immediate decision that an operation was necessary, and the calling in of a skilled surgeon; and where the staff of the hospital has exercised such skill, a substantial contribution should be made to the institution.

Here we have considerable food for thought. With a carelessness, not to say ingratitude, the public at large has always demanded the best medical or surgical treatment from our hospitals without so much as a thought as to the skill which is exercised by the physician or the surgeon at a critical moment, or the expense of harboring, with care and solicitude, a patient in regard to whom no idea of compensation could be entertained. The accepted fact that our hospitals with their corps of skilled physicians and surgeons must not withhold from a poor patient who has met with an accident or who is critically ill, the immediate relief which it is in their power to give, has passed beyond the province of controversy; but when after receiving the benefits which only scientific treatment can bestow, a patient is awarded damages, all courts throughout the world should imitate the wisdom which Mr. Justice Darling showed in the recent case tried in England.

The popular idea that the men who preside over the destinies of our hospitals are above recognition for their own services, and are indifferent to the welfare and prosperity of their institutions, is born of a figment on the part of the public that the best fruits of medical or surgical skill are theirs by right, irrespective of the possibility of a public acknowledgment as was instanced in the English judge's words, or a monetary return to a hospital in case of damages awarded.

Skill is only acquired after many years of apprenticeship; and to take it as a matter of course, to be had for the mere asking, is placing it on a low rung in our estimate of unusual qualities. Again, skill, as we all know, cannot always receive its due reward in a monetary sense, nor would we have the possessors thereof delight in its possession merely as a means to that end, but it should enjoy the compensations which come from an appreciative sense of its value. A public that jogs on from precedent to precedent and accepts a thing just because it has become inured to it, needs a jolt to awaken it to a proper understanding of certain abuses, which, by custom, have become inherent in our social system. And the custom to regard a surgeon's skill and a hospital's care of the sick, especially in such circumstances when intervention is imperative, as a matter of small significance indicates an insatiable desire on the part of the public to get the lion's share of what this world offers, with no better thought behind the effort than avarice, greed and selfishness.

—*Interstate Medical Journal.*

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Chicago, Ill., June, 1909. J. K. Scudder, M. D., Cincinnati, Ohio, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets May, 1909. J. A. Munk, M.D., Los Angeles Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles in May, 1909. E. R. Harvey, M. D., Long Beach, President; A. P. Baird, M. D., Auditorium Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. Dr. L. A. Perce, Long Beach, Cal., President; Dr. P. M. Welbourn, 818 Security Building, Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on December 1st, 1908, at 818 Security Bldg., 8:00 P.M.

In the absence of the President, Dr. Munk presided.

Dr. W. J. Lawrence read a paper on "Osteopathy, what is it?" Dr. Hanna Scott Turner and Dr. O. C. Welbourn reported interesting clinical cases.

A resolution was adopted endorsing Dr. J. C. Bainbridge of Santa Barbara as candidate for the State Medical Board.

At the next meeting Dr. Munk will read a paper and Dr. Aisbitt will make a clinical report.

A motion was made and carried which combines the offices of Secretary and Treasurer.

The annual election of officers resulted in the election of: Dr. L. A. Perce, Long Beach, president; Dr. O. C. Welbourn, for vice-president; Dr. P. M. Welbourn, secretary and treasurer.

Meeting adjourned until January 5th.

M. BLANCHE BOLTON, President.

P. M. Welbourn, Secretary.

STATE SOCIETY.

Another month has passed and it is significant of the fact that we are nearing the end of the year. No less salutary to Eclectics is the fact that we are one month nearer our annual meeting. At this time it is important to begin to make your plans to attend this meeting. If a member, it is your pleasure, if not a member it is your duty to attend and become an active participant in all its transactions. Let your ideas be disseminated that others may share with you. Papers on our *Materia Medica* are wanted and will be well received. Our practice is one that offers a free field for the essayist.

Send a notification to the secretary indicating your participation, and if you cannot be present, send your paper, *it will be presented*.

J. A. MUNK, M.D., President,

J. PARK DOUGALL, M.D., Secretary,
337 Douglas Bldg.

NATIONAL BULLETIN FOR JANUARY.

The president has appointed the following committee to formulate a new by-law and correspond with the officers of the various State societies: E. H. Stevenson, Ft. Smith, Ark., chairman; Finley Ellingwood, 100 State St., Chicago, Ill.; M. M. Hamlin, 5255 Page Ave., St. Louis, Mo.

At the meeting of the National in Kansas City last June, the following amendment was adopted.

"We, your Committee, would recommend that the Constitution and By-Laws be so amended that each State Society becomes auxiliary to the National Association, and that upon the payment of a membership fee of two dollars annually, each and every member of the State Society shall become a member of the National Society, by virtue of said membership in said State Society. Further that each state society shall collect and pay to the Treasurer of the National Society annually, a per capita tax of two dollars, based upon the actual membership of said State Society, as annul dues."

The Executive Committee has decided that no State members can be admitted under this arrangement next June at Chicago, who are now delinquent to the National in dues. There are quite a few members who are now delinquent \$5 and \$10 for dues, and they are earnestly urged to forward this amount immediately to the treasurer, Dr. E. G. Sharp, Guthrie, Okla., in order that the important work of our Association be not delayed.

Next month we expect to announce the appointment of the local Committee of Arrangements and the various Section officers. From correspondence already had, we believe that the next meeting of the National at Chicago, June 15, 16, 17 and 18, 1909, will be a great success.

Sincerely,

JOHN K. SCUDDER, President.

1009 Plum St., Cincinnati, Ohio.

WM. P. BEST, Secretary,

2218 E. 10th St., Indianapolis, Ind.

NEWS ITEMS.

Dr. C. H. Wheeler has moved from Oakland to Fall River Mills, Cal.

Dr. G. W. Finch has regained his health and is now located in his new offices corner Fifth and Wall Sts.

Dr. J. B. Baker has changed his address from Wittier Springs to 2001 San Pablo Ave., Berkeley, California.

Dr. L. A. Perce has recovered his usual health after several weeks stay in the Westlake hospital.

The Christmas vacation at the College began on December 23 and classes will be resumed on January 3.

Dr. O. C. Welbourn went East on December 15th on a business trip and spent the holidays at his home in Indiana. He is expected back about the first week in January.

Dr. S. J. Brimhall has been appointed Assistant Professor of Anatomy in the California Eclectic Medical College and is a valuable addition to the faculty.

Several of the students spent a couple of days, in the early part of last month, at the College Botanical Garden, the guests of Dr. Munk.

A consignment of one hundred small elm trees was received recently by express from Dr. Harvey Wickes Felter of Cincinnati, Ohio for the College Botanical Garden. This contribution furnishes a desirable addition to the Garden's arboreal collection, with an added interest and value in that the trees were propagated and grown from seed planted by the hand of a friend. Professor Felter is an accomplished botanist and an ardent lover of nature.

A neat illustrated pamphlet has just been published describing the work of the United States General Hospital at Fort Bayard, New Mexico. The Sanitarium was established by the Government in 1899 for the treatment and care of soldiers in the army who are afflicted with tuberculosis. The treatment employed consists of climatic and hygienic means and the good results obtained, as shown in the records, are remarkable. Captain C. N. Barney of the medical corps is in command. A similar institution is located at Fort Stanton in the same Territory but receives only consumptive sailors of the navy. The results obtained here have been equally satisfactory. No civilians are admitted to either hospital. Paul M. Carrington, M.D., physician in charge.

BOOK REVIEWS.

COLORADO SOUVENIR BOOK for the International Congress on Tuberculosis. Published by the Colorado State Organization, 1908. Price 25 cents.

The Colorado State Organization is to be congratulated on this excellent work which contains many interesting and valuable maps, charts, illustrations, etc.

PRACTICAL POINTS IN ANESTHESIA. By **FREDERICK-EMIL NEEF**, B. S., B. L., M.D., New York. Price Semi-De Luxe Cloth 60 cents postpaid. Library De Luxe Ooze Flexible leather, \$1.50 postaid. Surgery Publishing Company, 92 William St., N. Y.

This very practical monograph presents the author's impressions on the correct use of chloroform, ether, etc., and is a simple and coherent working method, and is of particular value to those general practitioners who are so situated that the services of a trained anesthetist cannot be secured.

This extremely practical and useful little book is condensed to about fifty pages, but every page is replete with valuable data.

MODERN PHYSIO-THERAPY. A System of Drugless Therapeutic methods, including chapters on X-Ray Diagnosis and suggestion. By **OTTO JUETTNER**, A.M., M.D., Author of "Daniel Drake and His Followers;" Physician to Seton Hospital, Cincinnati, Ohio; Fellow of the American Electro-Therapeutic Association, etc. Third revised edition. One volume, 563 pages. Cincinnati, Ohio; Cincinnati Medical Book Co., Prepaid Cloth \$5.00.

This work comes from the pen of one of the best known and most capable exponents of the practice of physiological therapeutics. Dr. Juettner presents his subject in a clear, forcible and convincing manner.

There can be no doubt that there is an immense field for the physio-therapist, but the general practitioner is handicapped in this work, because of conditions, which do not permit him to practice his profession in a strictly scientific way. However he can be a physio-therapist to a greater or less extent and accomplish much, especially in chronic cases.

There is no one in the profession, who after giving the book a careful perusal, but will feel himself well repaid for the time spent and furthermore will be stimulated to further study and investigation along the lines of physiological therapeutics. We bespeak for this work a warm reception from the thinking and broad-minded members of the profession, who are always endeavoring to keep abreast of the times. "Modern Physio-Therapy" is a text book which should be in the hands of every physician.

CLUB RATES.

The various Eclectic publishers have decided to offer special club rates to March 1, 1909. If you are not familiar with any of these journals, a sample copy can be obtained on request.

Journals	Price	Club Rate
Amer. Med. Jour., 5255 Page Ave., St. Louis, Mo....	\$1.00	\$.80
Cal. Ec. Med. Jour., 818 Security Bldg., Los Angeles	1.00	1.00
Chic. Med. Times, 412 Fulton St., Chicago Ill.....	1.50	1.20
Eclectic Med. Gleaner, 224 Court St., Cinti., O....	1.25	1.00
Eclectic Med. Journal, 1009 Plum St., Cinti., O.....	2.00	1.60
Eclectic Review, 140 W. 71st St. New York, N. Y...	1.00	.80
Ellingwood's Therapist, 100 State St., Chicago...	1.00	.80
Medical Harbinger, 910 Lami St., St. Louis, Mo...	.50	.40
Therapist, 703 Wash. St., Dorchester Dist., Boston	1.00	.80

You can subscribe to any or all of the above through this office, the only condition being that you include a "paid in advance" subscription to the CALIFORNIA ECLECTIC MEDICAL JOURNAL, at one dollar.

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We meet with many cases in practice suffering intensely from pain, where from an idiosyncrasy or some other reason it is not advisable to give morphine or opium by the mouth, or morphine hypodermically, but frequently these very cases take kindly to codeine, and when assisted by antikamnia, its action is all that could be desired.

In the nocturnal pains of syphilis, in the grinding pains which precede labor, and the uterine contractions which often lead to abortion, in tic-douleureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia and dysmenorrhoea, immediate relief is afforded by the use of this combination, and the relief is not merely temporary and palliative, but in many cases curative.

Muscular spasm is often controlled by antikamnia and codeine tablets. Their action is of essentially the same character as the morphine action; the same parts of the central nervous system are affected, and in the same way as morphine, but not in the same degree. Nor do they induce habit.

In pulmonary diseases this combination is worthy of trial. It is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough, in the vast majority of cases, is

promptly and lastingly decreased, and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve; these tablets do the work, and in addition control the violent movements accompanying the cough, and which are so distressing.

ABDOMINAL APPLICATIONS IN TYPHOID FEVER.

Success in handling a case of typhoid fever may be likened unto the steering of a ship, already in distress, through a dangerous rocky channel. Results depend upon the man whose hand is on the wheel. Lucky be the typhoid fever patient in the hands of a cool, common-sense doctor. It is this sort of a physician who guides his patient through the tortuous, rocky channel of typhoid fever and finally brings him into a safe port.

The many-sidedness of typhoid fever gives it a large interest and calls for good judgment. What to do and when to do it, are questions largely determining a physician's success in this infection. The bowels are inflamed, the Peyer's patches being the foci of inflammation, and it is but the application of common-sense principles to seek for some means of combatting this intestinal inflammation.

Local applications prove efficacious elsewhere in inflammation—why not here? Applications with hygroscopic properties reduce inflammations in other tissues of the body and will do likewise in typhoid fever. The best of these is Antiphlogistine and its use in typhoid fever is demonstrable. It will tend to reduce the inflammation and thus contribute in making the typhoid patient comfortable and assist him in his return to health.

Antiphlogistine is applied over the abdomen to the thickness of an eighth of an inch and then covered with a suitable soft cloth. This is renewed twice daily.

This use of Antiphlogistine is a valuable adjunct in the usual treatment of typhoid fever and is of distinct assistance.

—*Medical Era.*

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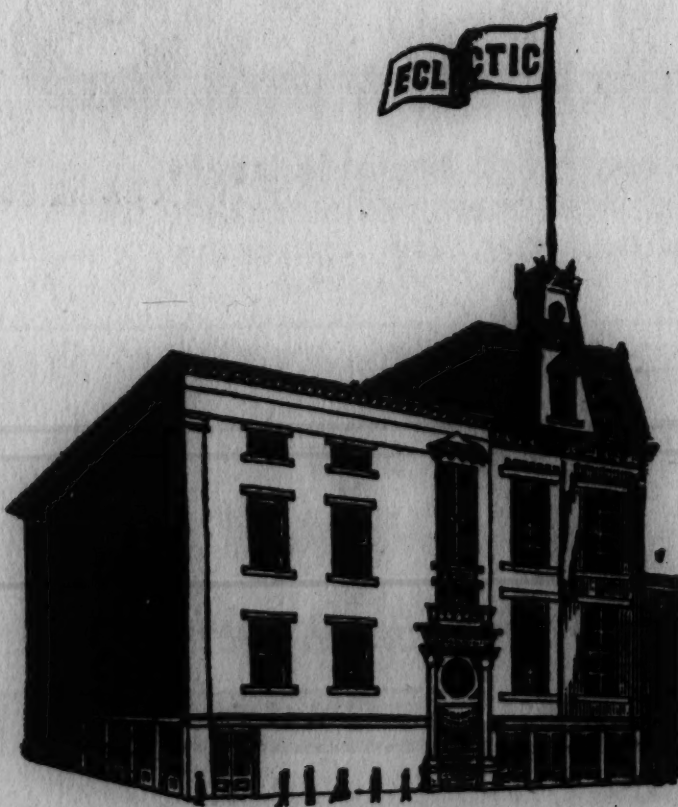
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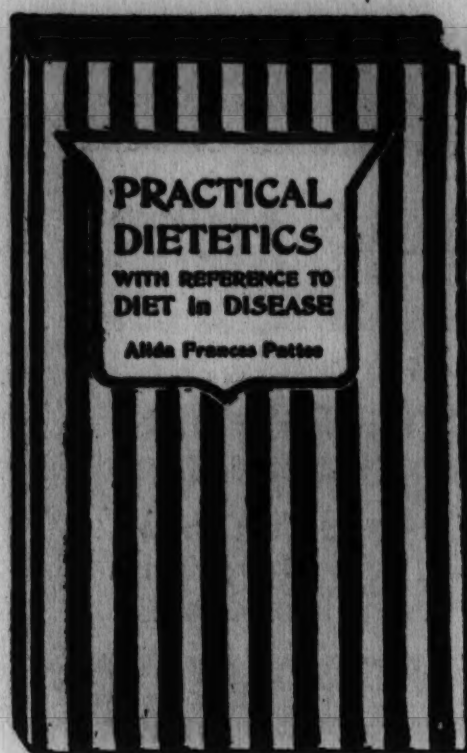
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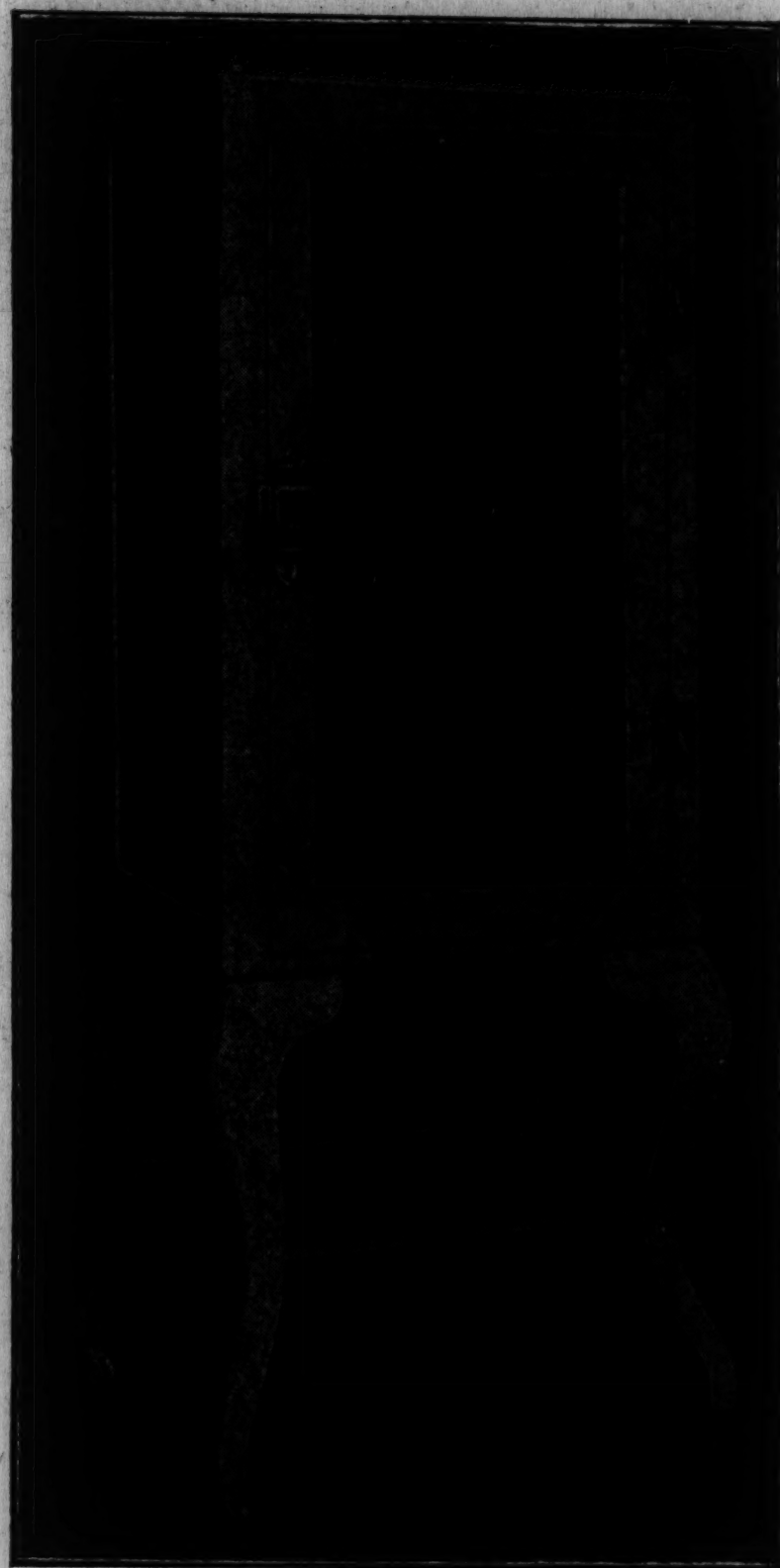
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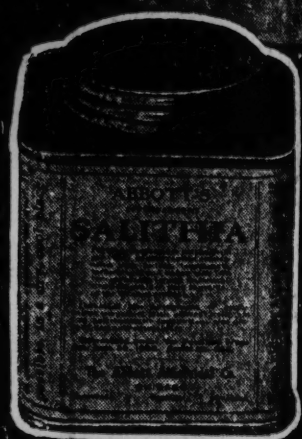
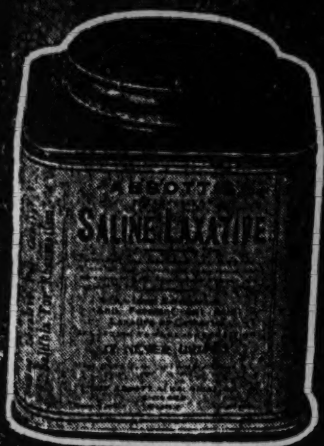
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